

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G	70976	7/3/00
O.I.P.E. CLASSIFIER		48	7/2/00
FORMALITY REVIEW	MMB	70976	8-18-00
RESPONSE FORMALITY REVIEW	MMB	70976	8-4-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 1	✓ =
2 2	
3 3	
4 4	
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7 7	
8 8	
9 9	
10 13	✓ =
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13 16	
14 17	
15 18	
16 19	✓ =
17 20	
18 22	✓ =
19 23	
20 24	
21 25	
22 26	
23 27	✓ ✓ =
24 28	N N
25 29	
26 30	
27 31	
28 32	
29 33	
30 34	N N
31 35	✓ ✓ =
32 36	✓
33 37	✓
34 38	✓
35 39	
36 40	
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38 42	
39 43	
40 44	✓ =
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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